

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034344

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1423

FILED SEP 26 1962

VS 300  
Rev. 4/59

DATE AMENDED

11/20/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Hazelwood Cemetery

White Chapel Cemetery

Funeral Director

MEDICAL CERTIFICATION

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SHOULD READ

ITEM NO.

23c

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in lb <b>17 years</b>		d. STREET ADDRESS (If outside, give location) <b>2761 W. Kearney St.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. Burge Prot. Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MILTON</b> Middle <b>ROBERT</b> Last <b>BLANKENSHIP</b>		4. DATE OF DEATH Month <b>September</b> Day <b>18</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/15/1888</b>
9. AGE (last birthday) <b>74</b>		IF UNDER 1 YEAR Months <b>74</b>	IF UNDER 24 HR Days <b>74</b> Hours <b>74</b> Min. <b>74</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Aircraft Factory</b>	11. BIRTHPLACE (City and state or country) <b>Willard, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Gilbert Blankenship</b>	
13b. MOTHER'S MAIDEN NAME <b>Emma Kelso</b>		14. NAME OF HUSBAND OR WIFE <b>Laura Blankenship</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes W.W.I.</b>		16. SOCIAL SECURITY NO. <b>2781 W. Kearney St</b>	
17. INFORMANT <b>Laura Blankenship, Springfield, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b> DUE TO (b) <b>Functional Clon TV</b> DUE TO (c) <b>8 months</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>2:50 P.M.</b> Month, Day, Year <b>Jan 31, '62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Jan 31, '62</b>	20f. CITY, TOWN, OR LOCATION <b>Sept 18, '62</b>	COUNTY <b>Greene</b>	STATE <b>Missouri</b>
21. I attended the deceased from <b>2:50 P.M.</b> to <b>Sept 18, '62</b> and last saw him alive on <b>Sept 1, '62</b> Death occurred at <b>2:50 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>W. H. Jones</b> (Degree or title) <b>MD</b>	
22b. ADDRESS <b>600 S. Glenstone Springfield, Mo.</b>		22c. DATE SIGNED <b>9-20-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/21/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>White Chapel</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
24. FUNERAL DIRECTOR <b>Ralph Thieme, Springfield, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>9-24-62</b>	26. REGISTRAR'S SIGNATURE <b>Effie J. Meelan</b>

1962 OCT 2 100

1962 OCT 4 100

1962 OCT 19 100

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harold Futrell*

Licensed Embalmer No.

*5079*

P. O. Address

*Spfld, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 11-19-2011 BY 60322 UCBAW/STP/STP